



WESTPORT CONNECTICUT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

EMPLOYMENT APPLICATION

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone
	City, State Zip				Business Phone
	Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and year _____ Location: _____				
	Position desired				
	Apart from absence for religions observance, are you available for full-time work? ___ Yes ___ No If not, what hours can you work? _____				Will you work overtime if asked? ___ Yes ___ NO
	Are you legally eligible for employment in the United States?				
	Other special training or skills (languages, machine operation, etc)				When will you be available to begin work/

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA?
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____ Date	_____ Signature

Employment	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	<div>From</div> <div>To</div>
	State Job Title and Describe your Work	<div>Weekly Pay</div> <div>Start Last</div>
		Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	<div>From</div> <div>To</div>
	State Job Title and Describe your Work	<div>Weekly Pay</div> <div>Start Last</div>
		Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	<div>From</div> <div>To</div>
	State Job Title and Describe your Work	<div>Weekly Pay</div> <div>Start Last</div>
		Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	<div>From</div> <div>To</div>
	State Job Title and Describe your Work	<div>Weekly Pay</div> <div>Start Last</div>
		Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s)
	Reason: